

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.
Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD

2012 OCT 17 AM 10:19

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization)

Neal D Smith for Supervisor

IMPORTANT: Indicate by # type of committee you are reporting for: 5
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Neal D Smith

Political Party (If applicable)

Republican

Office Sought

Board Supervisor

District (If Senate or House)

FORM

DR-2

(Rev. 12/2009)

DISCLOSURE
REPORT

For Office Use Only

Comm. # 19047

Logged In _____

Scanned _____

Computer _____

Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Neal D Smith

SIGNATURE OF PERSON FILING REPORT

641-437-1868

TELEPHONE

10-16-12

DATE SIGNED

I AM FILING A 10-18-12 (report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

11-6-12

County & Local Committees, enter County in which Election is held

APPANOOSE

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (If final report balance must be zero)

**UNPAID BILLS (From Schedule D - Attach Schedule D)

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neal D Smith for Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
Aug-7-12	ID# 4936 CK# Counter Check	Ottumwa Text & Printing 635 W. Second Street Ottumwa IA 52501	1 pr. Men's Signs 25 18x24 Signs & stands	\$ 100.00
8-09-12	ID# 4936 CK#	Iowa Trust & Savings Bank Centerville Iowa 52544	check \$ Neal D Smith for Supervisor	13.50
9-10-12	ID# 4936 CK# 1001	Lockridge Inc 2862 Highway 5 Centerville IA 52544	chip Board to make sign Neal Smith for Supervisor	32.44
9-24-12	ID# 4936 CK# 1002	Dann Co, Inc Centerville IA 52544	T-shirts Neal Smith for Board Supervisors	115.56
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 261.50
TOTAL (if last page of this schedule)				\$ 261.50

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Neal D Smith for Supervisor

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
5-21-12	Neal Smith 19263 166th AVE Mystic Iowa 52574	Candidate	1/2 x 4 x 8 OSB	\$ 18.15	<input type="checkbox"/>
9-15-12	Neal Smith 19263 166th AVE Mystic Iowa 52574	Candidate	SPRAY PAINT for signs 9A1 white paint	30.03	<input type="checkbox"/>
07-15-12	Neal Smith 19263 166th AVE Mystic Iowa 52574	Candidate	Poster Neal Smith for Supervisor	10.70	<input type="checkbox"/>
8-7-12	Neal Smith 19263 166th AVE Mystic Iowa 52574	Candidate	24 Signs 25 12x24 signs & stand	143.42	<input type="checkbox"/>
8-29-12	Neal Smith 19263 166th AVE Mystic Iowa 52574	Candidate	Candy for Parades	123.26	<input type="checkbox"/>
8-19-12	Neal Smith 19263 166th AVE Mystic Iowa 52574	Candidate	Candy for Parades	14.93	<input type="checkbox"/>
9-18-12	Neal Smith 19263 166th AVE Mystic Iowa 52574	Candidate	Candy, Ballon's & Helium for parades	38.05	<input type="checkbox"/>
5-18-12	Neal Smith 19263 166th AVE Mystic Iowa 52574	Candidate	Neal Smith for Road Supervisor Ad in paper	66.00	<input type="checkbox"/>
5-18-12	Neal Smith 19263 166th AVE Mystic Iowa 52574	Candidate	Vote Neal Smith for Supervisor larger Ad in paper	\$2.50	<input type="checkbox"/>
6-13-12	Neal Smith 19263 166th AVE Mystic Iowa 52574	Candidate	Thank you Ad in paper	33.00	<input type="checkbox"/>
SUB-TOTAL				\$ 559.64	
TOTAL (if last page of this schedule)				\$	

*Disclosure law requires candidates to disclose the relationship of any relative making an in-kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Neal D Smith for Supervisor

Reset Form

SCHEDULE

E

(Rev. 08/97)

IN-KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	IF FOR FUND-RAISER CONTRIBUTION
5-22-12	Neal Smith 19263 146th Ave Mystic Iowa 52574	Candidate	Spray Paint & 9x1 white paint for signs	\$ 32.33	<input type="checkbox"/>
10-12-12	Neal Smith 19263 146th Ave Mystic Iowa 52574	Candidate	Add'l Paper vote for Neal Smith for Supervisor	\$132.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$
144.33TOTAL (If last
page of this
schedule) \$
723.97

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(for Schedule E)